NEW SITE IDENTIFICATION

Pa	Part A – To Be Completed By Observer				
1.	Person Initiating Report: Jacob Harris	Phone: 526-1877			
	Contractor WAG Manager: Douglas Burns	Phone: 526-4324			
2.	Site Title: 040, Mound Southeast of EOCR Buildings				
3.	Describe the conditions that indicate a possible inactive or unreported waste site. Include location and description of suspicious condition, amount or extent of condition and date observed. A location map and/or diagram identifying the site against controlled survey points or global positioning system descriptors shall be included to help with the site visit. Include any known common names or location descriptors for the waste site. The site is located just south of the paved access road to the EOCR/STF buildings. During the August 1999 site visit, observations				
	included a mound about 20 feet in diameter and 4 feet high. This mound has a metal fence post in the top with only about one foot protruding above the dirt. Surrounding one end of the mound is concrete on the ground. The GPS coordinates of the site are N676233.30 by E306346.30. The reference number for this site is 040 and can be found on the summary map as provided.				
	+ B. To Be Completed By Contractor WAC Manager				
4.	rt B – To Be Completed By Contractor WAG Manager Recommendation:				
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	This site meets the requirements for an inactive waste site, requires investigation, and should be included in the INEEL FFA/CO Action Plan. Proposed Operable Unit assignment is recommended to be included in the FFA/CO. WAG: Operable Unit: 10-08				
	This site DOES NOT meet the requirements for an inactive waste included in the INEEL FFA/CO Action Plan.	site, DOES NOT require investigation and SHOULD NOT be			
5.	Basis for the recommendation:				
	The conditions that exist at this site indicate the potential for an inactive waste site according to Section 2 of MCP-3448 Reporting or Disturbance of Suspected Inactive Waste Sites.				
	The basis for recommendation must include: (1) source description; (2 concern; and (4) descriptions of interfaces with other programs, as app				
6.	Contractor WAG Manager Certification: I have examined the proposed believe the information to be true, accurate, and complete. My recomm				
Nan	ne: Dustas E Juns Signature:	Date: 5/25/00			

NEW SITE IDENTIFICATION

Name: Wayne Pierre Signature: Mayne \(\lambda \) (CCC \) Date: \(\frac{1}{1} \) \(\frac{1}{1} \) Concur	Part C – To Be Completed By INEEL FFACO/CO WAG Managers					
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For State of Idaho						
Name: Dean Nygard Signature: Date: Date: Date: Do not concur. Explanation follows:	Name: Dean Nygard Signature:	/apac (Date: 4/21/00				



MISC-40, Mound Southeast of EOCR Building



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